24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼	
Every Voice Action	C C00566208
	0
Check if X 24-hour report 48-hour report New report Amends re	eport filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Buying Time	10 28 2014
Mailing Address 650 Massachusetts Ave NW	Amount
Ste 210	42047.00
City State Zip Code Washington DC 20001-3728	42047.00 Transaction ID : VN7BA9X08Q2 Date of Disbursement or Obligation
Purpose of Expenditure Radio Advertising Category/ Type 00	04 Date of Disputsement of Congation
Name of Federal Candidate Support	t Office Sought: X House District: 07
Doug Ose Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support	t Office Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date	Disbursement For: Primary General
Per Election for Office Sought	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	42047.00
(b) SUBTOTAL of Unitemized Independent Expenditures	····· >
(c) TOTAL Independent Expenditures	42047.00
Under penalty of perjury I certify that the independent expenditures reported herein we with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	•
	Date 10 29 2014
Signature	